

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES  
FAMILY NUTRITION PROGRAMS

***Afterschool Snack Program Training***

REGISTRATION FORM  
Fax Number (803) 734-9515

CACFP Agreement Number (if applicable): \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

**Please list below the person(s) who would like to attend the  
*Afterschool Snack Program Training in Columbia* on:**

Nov. 18, 2002

Dec. 17, 2002

Jan. 13, 2003

Feb. 10, 2003

March 10, 2003

April 14, 2003

May 12, 2003

June 9, 2003

July 16, 2003

August 11, 2003

Sept. 8, 2003

Oct. 13, 2003

Nov. 10, 2003

Dec. 8, 2003

1. \_\_\_\_\_

2. \_\_\_\_\_

***The Workshop will begin promptly at 10:00 a.m.***

Please notify the ASP staff at (803) 734-9527 or (803) 737-9118 if you have special needs related to the Americans with Disabilities Act that might limit your ability to effectively participate in this workshop so that reasonable accommodations may be made.